

## Doing and rethinking. Building resilience with men

### Structured Abstract:

#### Purpose

This paper presents findings from an evaluation of a mental health resilience intervention for unemployed men aged 45-60. The focus is on examining the place of activities within a multi-dimensional men's mental health programme, and exploring interactions between social context factors and models of change.

#### Design

The paper draws on before and after survey data and qualitative interviews, to report results concerning effectiveness in changing men's perceived resilience, to consider project processes concerning activities, social support and coping strategies, and to situate these within wider environments.

#### Findings

The programme significantly raised the perceived resilience of participants. Activities were engaging for men, while the complex intersection between activities, social networking, and coping strategies course provided opportunities for men to develop resilience in contexts resonant with their male identities.

#### Practical implications

The paper discusses emerging considerations for resilience building, focusing on gender-sensitive approaches which can engage and retain men by focusing on doing and talking, in the contexts of men's life-course, highlighting embodied (male) identities not disembodied 'mental states', and facilitating social support. There are challenges to recruit men despite stigma, support men to speak of feelings, and facilitate progression.

#### Social implications

Potential exists for gender-aware programmes to sustain salutogenic change, co-producing social assets of peer support, male-friendly activities, and context sensitive course provision.

#### Originality/value

The paper adds fresh evidence of gendered intervention approaches, including effects on male resilience. Application of a context-sensitive change model leads to multi-component findings for transferring and sustaining programme gains.

## Introduction

This paper has a dual purpose. Firstly, it presents findings from an evaluation of an exploratory mental health resilience pilot programme aimed at unemployed men aged 45-60. The paper specifically discusses in detail the place of 'activities' for men (for example, community gardening, handyman/refurbishing community buildings, ICT, metal crafts, football, drumming) within the programme and its change model. Secondly, the paper reflects on how a programme's model of change needs to be responsive to contextual dimensions for projects to thrive. For a resilience programme aimed at promoting wellbeing and preventing mental ill-health, this means that to be transformational for male participants the model of change requires a strong, gendered, social as well as psychological underpinning.

## **Background**

### *Literature*

Within developmental psychology, 'resilience' has been broadly defined as a process of negotiating, managing and adapting to circumstances of significant stress or trauma (Windle, 2012). Adaptation involves creating a new psychological balance (or worldview) (Mind, 2012). Risk factors requiring resilience include a single traumatic event, or cumulative stress from multiple life stress factors (Harrop, Addis et al., 2009). These can feature across the life course, e.g. occurring through poverty or deprivation (Windle, 2011). Prevalent definitions emphasise context- and domain specific aspects of resilience, affected by multi-faceted, dynamic processes related to adversity (Herrman, et al., 2011).

Complementing this primarily individual approach, 'social resilience' involves the capacity of groups or communities to cope with external stresses due to social, political or environmental change (Adger, 2000). Socio-ecological resilience concerns "how far a particular relationship between social processes (e.g. informal networks within civil society) and ecological dynamics can be disturbed without dramatic loss of complexity of both, rather than the speed at which the status quo can be restored following disturbance" (Windle, 2011). Individual resilience is then strongly dependent on interactions with an individual's social context, relationships, community resources, and public service responses (UCL Department of Epidemiology and Public Health, 2006). For resilience to be built, complementary protective individual 'assets' *and* social 'resources' are needed (Windle, 2011). Individual factors include self-efficacy (linked with perceived locus of control); competencies such as coping strategies and social skills (Harrop, Addis et al., 2009); emotional management and awareness; perspective and sense of humour (Chartered Institute of Personnel and Development, 2011; Herrman, et al., 2011). Social factors include family cohesion; emotional warmth (Ong and Bergeman, 2004; Harrop, Addis et al., 2009); peer networks; and supportive communities (Harrop, Addis et al., 2009).

A small body of resilience research has demonstrated the potential effectiveness of positive psychology interventions (Boiler, Haverman et al., 2013), Cognitive Behavioural Therapy (CBT) (Taylor, Taske et al., 2007; Chartered Institute of Personnel and Development, 2011) and Mindfulness based interventions (Duncan and Bardacke, 2010) in building protective factors with specific groups. CBT may be particularly effective among men (Men's Health Forum Delivering Male, 2011 <http://www.menshealthforum.org.uk/>). An evidence review (Royal College of Psychiatrists, 2010) suggests that resilience can be enhanced through meaningful mental and physical activities, and strengthening social networks through practices such as volunteering. Very little of the resilience literature is gendered. For example, Herrman et al. (2011) define resilience in terms of its dynamic nature across the lifespan and interaction with domains of life function, but never ask if or how gender might impact on this.

Concerning resilience building among unemployed people, and specifically men, there is little firm evidence. Most evidence is not specifically about resilience but mental health generally (Men's Health Forum, 2011). "Delivering Male" (Men's Health Forum, 2011, p.11) concludes "shared activities can be appealing to men, that place service-users "shoulder-to-shoulder" (rather than "face-to-face").... These might include physical exercise, social activities and "meaningful occupation" (activity with an end product)". One review (Giuntoli, South et al., 2011) indicates that resilience interventions for unemployed people are most likely to be effective if they act on the individual, community support networks and wider society (resources and services). Interventions should therefore aim at cultivating positive attitudes, realistic optimism and specific skills retraining. An evidence briefing (Friedli, 2003) supports *group* CBT to reduce the risk of depression in unemployed people, combined with interventions around job search self-efficacy, coping skills, positive activities, and improving social networks. Considering the strong connection between work, traditional masculine status and identity, and male peer association, loss of or precarious employment may affect men's well-being and resilience more adversely and lead to greater social isolation than women (Tiffin, Pearce and Parker, 2005;

Gulliford et al., 2014). Since working age men are less likely than women to visit their GP with mental health concerns (Oliver et al., 2005; Wang et al., 2013), alternative resilience building approaches are recommended for unemployed middle aged men, adopting community places and activities preferred by men, with social supports, including training for male volunteers and front line staff (Mguni et al., 2013). The clear gap lies in not sufficiently articulating the intersection between social (including gender) dimensions of male wellbeing, and resilience interventions. This paper seeks to articulate this intersection through its focus on shared activities.

#### *The resilience programme*

Mind's resilience programme (Mind and Mental Health Foundation, 2013) advocates 'upstream interventions' promoting the Five Ways to Wellbeing (New Economics Foundation, 2008), 'connect', 'be active', 'take notice', 'keep learning', and 'give'. The Mind resilience model recognises the importance of three key elements in building resilience:

- positive activities known to drive wellbeing
- building social networks and social capital
- developing psychological coping strategies, based around insight, and realistic optimism (driven by principles of CBT and Mindfulness)

**[INSERT ABOVE] Figure 1. Mind's Resilience Model (Mind, Mental Health Foundation, 2013, p. 20)**

Mind's Local Resilience programme included one pilot strand aimed to support unemployed men, aged 45-60 and living in areas of high socio-economic deprivation. From Mind's programme plans, practical activities in a group setting would engage men in a structured way, enhance their sense of wellbeing, and provide a context for developing social connections and reducing social isolation. The project would then deliver a core resilience coping strategies course. These factors combined would contribute to improved resilience.

The resilience programme began with the establishment of nine pilot projects. Five new Mind projects supported unemployed men (aged 45-60). The geographical spread of the projects included: a town in South East Wales (SW); a city in Yorkshire (N), two London boroughs (L1 and L2), a town in North East England (NE). Four further projects supported pregnant women and new mothers to stay well who are at increased risk of social isolation. The focus of this paper is the projects with men.

Each project with men had a lead coordinator, and planned across 12 months to deliver the programme to more than one 'cohort'. The projects varied in planned delivery mechanisms concerning: cohort length; type of coping strategies course; 'activities'; location. Further changes came about as projects learned from experience, particularly of recruitment challenges. Modifications included: changing activities; changing recruitment boundaries concerning mental health history (to include men 'in recovery' as well as those 'at risk but not diagnosed'); broadening post-code and age boundaries; minor changes in sequencing and length. Table 1 summarises these changes.

**Table 1. Five projects.**

<b>Location</b>	<b>Cohorts</b>	<b>Main elements (Activities, Coping skills, Social)</b>
<b>N</b>	2 x 6 month cohorts <i>changed</i> to 2 x 8 week	Activity – refurbishing community centre (group); 1-1 CBT <i>changed</i> to football and group course
<b>NE</b>	2 x 6 month cohorts <i>changed</i> to 3 x 10 week	Individual Activities – photography, gardening, ICT Group ‘Living Life to the Full’ CBT course, <i>changed</i> to mixed sex groups
<b>SW</b>	3 x 3 month cohorts	Activity – group metal crafts Group/1-1 psycho-education; <i>changed</i> to group psycho-education.
<b>L1</b>	2 x 3 month cohorts	Activity – a. gardening; b. drumming Group a. Coping with Life Stress, CBT; b. Mindfulness
<b>L2</b>	2 x 4-6 month cohorts	Activity – gardens, photography Group + 1-1 ‘Happiness’, Coping with Life Stress; CBT

## **Methodology**

The mixed methodology evaluation design blended quantitative and qualitative approaches. a baseline and follow-up survey of all participants was conducted at the start and end of each cohort. Interviews were held with stakeholders involved in each project and with participants from each project. In total, 19 interviews with stakeholders and 21 with men were completed on the projects with unemployed men.

This paper focuses on the survey and interview data from the men. To address how far the programme resulted in gains in participants' perceived resilience, the survey was administered for each participant at the start and at completion of project involvement. To address the circumstances and processes through which the programme worked, the interviews explored participants' experiences, how they became involved, views on programme processes, and impact, and expectations moving forward. Ethics approval was obtained from Leeds Beckett University Ethics Committee. After providing appropriate information in advance and obtaining consent, participants were interviewed on project premises, interviews lasting between 45-80 minutes. All interviews were subsequently transcribed.

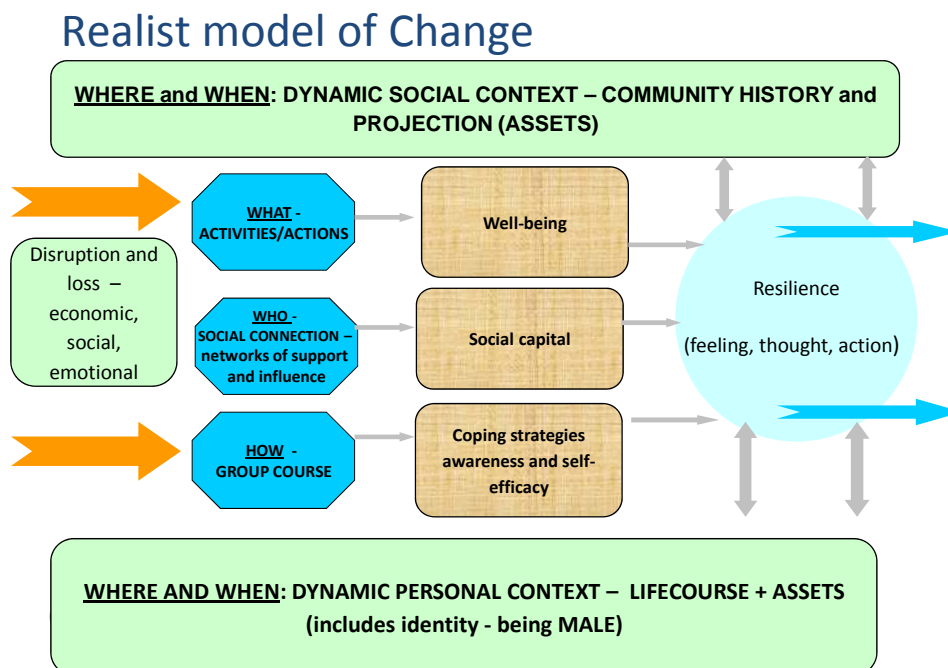
Mind nationally proposed the use of three evaluation measures to cover wellbeing, self-efficacy and social capital. The Warwick Edinburgh Mental WellBeing scale (WEMWBS) was included to assess wellbeing. Through consultation, adaptations were made to the Schwarzer-Jerusalem general self-efficacy scale to make it more suitable for the target audience, and remove perceived repetition. Concerning social capital, items were constructed after consultation between the evaluation team and the Mind coordinating team, some modelled on the 'multidimensional scale of perceived social support', to include a focus on support quality (Zimet et al., 1988). The draft was amended, after full consultation with all project leads and through a pilot process.

Quantitative analysis was conducted using PASW (SPSS). Qualitative data was analysed thematically (Braun and Clarke, 2006) using NVivo through descriptive and analytic coding under theme headings.

## Realist model of change

Making and sustaining different choices requires change in participants' reasoning (values, beliefs, attitudes etc) and/or the resources they have available to them.

Within a realistic evaluation framework (Pawson and Tilley, 1997), a combination of 'reasoning and resources' enables the programme to 'work' and is known as a 'mechanism' – an intervention process. Different context factors may enable, or restrict, particular intervention processes from being set in play. This interaction creates a programme's impacts or outcomes. Programmes are context-bound, and there is variation between programmes in mechanisms deployed. **Yet** it is possible to identify transferrable insights about what works, for who, in what contexts, and how. Applying this to evaluate exploratory projects using Mind's resilience model involves highlighting social and individual contexts as in the figure below.





**[INSERT ABOVE] Figure 2. Realist model of change**

While individual men and disadvantaged communities have experienced disruption and loss they also have assets vital for programme development. The community offers opportunities for partnership building, and individual experiences and aspirations of participants are important for developing the activities and course. The ‘where and when’ of past and anticipated change need to be considered as well as the ‘what, who, and how’ for a formative evaluation. While survey results reported below demonstrate consistent gains in resilience for participants across all projects, delivery mechanisms, with participants’ own thinking about their choices, diverged somewhat across projects, which can partly be explained contextually. The evaluation therefore explores insights about what works, for which men, in what contexts, and how.

**Findings. Self-perceived resilience.**

A brief overview of survey results (raw scores) for the projects with men is provided first. Table 2, below, shows the changes in raw scores for each dimension and combined resilience totals for pre- and post-stage.

**Table 2. Resilience scores - men**

**Wellbeing score (Section 1: Q1-Q7) (n=53)**

- 46 increased (86.8%)
- 2 no change (3.8%)
- 5 decreased (9.4%)

**Problem solving & achieving goals score (Section 2: Q1-Q8) (n=53)**

- 43 increased (81.1%)
- 4 no change (7.6%)
- 6 decreased (11.3%)

**Social support score (Section 3: Q1-Q8) (n=53)**

- 42 increased (79.2%)
- 4 no change (7.6%)
- 7 decreased (13.2%)

**Overall combined score (Section 1-3) (n=49)**

- 43 increased (87.8%)
- 6 decreased (12.2%)

The above table shows that, overall, the self-perceived resilience of 88% of men increased. [1] However, concerns over recruitment levels are reflected in the overall numbers. [2] and also in the demographic breakdown. Participant numbers by age across projects were as follows:

Participants aged *below 45*=8, *45-49*=13, *50-54*=14, *55-60*=17, *61+*=1

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<sup>1</sup> This compares compared impressively to an increase of 79% among pregnant women and new mothers on the parallel projects.

<sup>2</sup> Numbers of men completing the projects (55) was far fewer than the corresponding numbers of women for four women's projects (108).

Participant numbers by ethnic group across projects were as follows:

*White British=35; White Irish=2, Other White=4, Black/Black British=7,  
Black/Black African=2, Asian/Asian Indian=1.*

While projects, overall, achieved a good spread of men aged 45-60, several men were recruited both above and below the original age boundaries to boost numbers.

Concerning ethnicity, most men were white British (although the London projects recruited several Black/Black British and Black/Black African men).

Turning to statistical analysis, for men,[3] baseline and post stage data from 53 participants were analysed.

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<sup>3</sup> 'Men' in the findings sections in this paper refers to unemployed men, the project target audience.

*Overall combined score (Section 1-3) (n=49)*

The mean change in overall score was 11.76 (SD=14.08). The 95% confidence interval was 7.71 to 15.80, which is indicative of significant change. A paired t-test also suggested statistically significant improvement in overall score from baseline to post stage ( $t=5.845$ ,  $df=48$ ,  $p<0.001$ ). The overall combined score therefore shows significant gains in perceived resilience.

*Wellbeing score (Section 1: Q1-Q7) (n=53)*

The overall mean change in score across all projects was 3.87 (SD=3.95) and the 95% confidence interval was 2.78 to 4.96, indicative of significant change. A paired t-test suggested a statistically significant improvement in wellbeing scores from baseline to post stage ( $t=7.126$ ,  $df=52$ ,  $p<0.001$ ).

*Problem solving & achieving goals score (Section 2: Q1-Q8) (n=53)*

The mean change in score was 4.34 (SD=5.02). The 95% confidence interval was 2.96 to 5.72, indicative of significant change. A paired t-test also suggested statistically significant improvement in problem solving and achieving goals score from baseline to post stage ( $t=6.30$ ,  $df=52$ ,  $p<0.001$ ).

*Social support score (Section 3: Q1-Q8) (n=53)*

The mean change in social support score was 3.83 (SD=7.11). The 95% confidence interval was 1.87 to 5.79, indicative of significant change. A paired t-test also suggested statistically significant improvement in social support score from baseline to post stage ( $t=3.923$ ,  $df=52$ ,  $p<0.001$ ).

Overall, on projects with men, change was significant across all three resilience dimensions. The interventions all embodied the three part model, and therefore the combination of activities, coping strategies course, and social group support worked to facilitate gains in resilience for unemployed men. However, these results need unpacking. The projects did not deliver the programme using exactly the same mechanisms (including the activities) or in the same environments. The following

sections explore these issues, first by exploring the intervention social contexts, then focusing on findings concerning activities<sup>4</sup>.

### **Social Contexts: referrals and recruitment**

There was an evident ‘intersection’ on each project, with social environments affecting individual’s personal life histories and aspirations. The South Wales project town environment was affected by long-term de-industrialisation, and inter-generational chronic unemployment. The urban environments in the two London projects were dominated by trade, transport and commerce, characterised by urban flux; unstable socio-economic environments affecting men in waves across their lifecourse.

Such environmental aspects impacted on referral contexts, for example the contrast between those recently unemployed, and those who might be seen as in uncertain recovery with longer term unemployment. Recently unemployed men more typically came into projects through the employment preparation route, via job centres, or pre-employment programme providers. Long term unemployed men more typically came in through the health route, with referral via general practitioners, through ongoing contact with Mind and also ‘self-referral’ - e.g. from supported housing, or attracted by activity-focused project promotion. Breadth of referral led projects to question remit boundaries between prevention and ‘at-risk’ recovery.

### **Contexts: personal histories**

In the longer term, many participating men faced multiple life-course challenges. These included maintaining and adapting social identities, and reconciling expectations of male achievement with having struggled to achieve life goals concerning work, security, health, and relationships especially with increasing age.

“I am fifty seven and should have been established by now”.

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<sup>4</sup> The focus here is not on differences between coping strategies courses except concerning the interaction between activities and course design.

Relationship issues added to challenges around employability with fragmented, casualised employment fields, and changing skill requirements. For some men, the challenge of undiagnosed or untreated emotional/mental health issues interacted with these in a downward cycle. So coping with daily life became very hard materially and emotionally. This, for some, led to spiralling confrontations with uncomprehending or adversarial services such as benefits and council, contributing to interrupted recovery.

“So the benefit office refused to pay, the council want the money and sent threatening letters saying they will evict me. They didn’t pay, so my illness came gradually back”

If projects are to successfully engage with isolated, disengaged men, understanding specific structural, social and personal contexts is essential (Mind, Mental Health Foundation, 2013).

### **Findings: Contexts and activities**

The interaction between such contexts and the change model needed to be explored, for the formative evaluation. The rest of this paper considers the following questions, concerning activities within the programme.

- Under what circumstances and for who are activities attractive for recruitment of men?
- Under what circumstances do activities lead to improved social connections?
- How do activities provide access to psycho-educational resources?
- Under what circumstances do men have improved wellbeing and resilience?

*Under what circumstances and for who are activities attractive for recruiting men.*

Table 3 provides some indications of which groups of men were recruited to take part in different activities and under what circumstances.

**[INSERT BELOW] Table 3. Activities and engagement**

<b>Under what circumstances and for who are activities attractive?</b>
<ul style="list-style-type: none"> <li>• <u>Gardening – making, skills</u>: for those interested, pre-employment (L1 cohort 1)</li> <li>• <u>Drumming – arts, skills</u>: for those interested, ‘unemployed’, individual choice (L1 cohort 2)</li> <li>• <u>Metal crafts – making, skills</u>: no interest. Location? Choice? (SW))</li> <li>• <u>Refurbish – making</u>: no interest. Location? Choice? (N)</li> <li>• <u>Football – fun and fitness</u>: for those interested, link to life skills (N)</li> <li>• <u>Activities as individual choice / add-on</u>: those interested, especially if already in health system (NE)</li> <li>• <u>Action plans</u>: those engaged in coping strategies course, recovery (L2)</li> </ul>

Specific activities attract particular groups of men to participate in a resilience programme, but may not attract others. A gardening project, based in community settings, involved making (sheds) and growing (seeds), and engaged a number of men recruited from employment preparation agencies who were interested and looking to develop skills transferable into employment later on.

“I thought it might help me get into a line of work because it was a gardening project”

A group ‘drumming skills’ project offered artistic skills and engaged some unemployed men, interested in rhythm, and perhaps with no immediate expectations of return to paid work. One man for example had a kidney condition requiring daily dialysis; the course chimed with his interest in music and gave him something to look forward to, so helping prevent depression.

“I am a dialysis patient. I have always been into music but never done any form of drumming – that’s what caught my eye. But, it takes me away from the monotony of going to hospital every other day”

A group football session offering fun and fitness proved attractive to men in recovery who were interested in playing, knew it was combined with a coping skills course, and were keen to learn “life skills”.

“One; because I like playing football\_and Two; because I’m interested in learning life skills and I wanted to learn to cope better with my daily structure of life.”

One programme did not highlight group activities but included a CBT-based coping skills course. Here men in groups supported individuals to develop personal action plans, and to report back weekly on one-off ‘actions’ such as resolving housing problems, or routine ‘activities’ such as physical exercise initiatives. The facilitated group support, talk not physical action, was valued as motivational, men encountering others with similar life challenges and coming to trust each other. This approach particularly attracted men, for example in recovery, who were already interested in coping skills. Another project focused on a coping skills course but encouraged men



once recruited to participate in other activities already offered by Mind, if they did not already do so. This provided men in recovery with choice.

“I came because this was getting me back into people because I was staying away from people. The first two weeks were hard but then you start talking to people and you lift.”

In two negative instances, the activities did not attract a group of men to participate. Interpreting non-recruitment is challenging, but location, not being where men like to go, and absence of choice are striking aspects. One project proposed that men would carry out refurbishment activities at a community centre. No alternative was on offer, promotion extended outside the local community area, while there were no specific incentives for the men to travel, and the activity may not have seemed fun. On another project, the activity involved metal craft skills in a workshop setting. But the workshop premises were in an industrial estate a bus ride outside the main urban catchment area, and there was only one ‘offer’.

To recruit ‘at-risk’ men required strong partnerships on an appropriate scale, and sufficient time for building these. It was vital to consider men’s preferences. Men had undermining, de-personalising life-course experiences: having some say in what activities they did was very motivational for feeling ‘in control’. Effective engagement with men depended on projects’ understanding of men’s often isolating social environment and their reasoning and feelings about participation and change. Men’s motivations included immediate pressing needs (for example rent payments), buried aspirations and how engagement fits with their identity (activities that enhance self, and do not evoke self-stigma).

Stigma was a key concern. Perceived stigma over mental health, internalised, interacted with gendered concerns around talking about vulnerability and being unemployed. One man feared people would think he was a “mental case” involving himself with Mind. Another said if he saw someone with a Mind t-shirt the first thing he would think was “he’s a bit unstable keep away from him”. For many men, having activities in a non-stigmatised location was more enticing, and promotional materials

without explicit referencing of mental health more effective. Only one project strongly highlighted a different brand (BAM - Believing and Managing), rather than Mind. Higher recruitment levels on this project may partly have been due to this, alongside the coordinator's vigour in building partnerships.

Practical activities, fitting with male identities, facilitative of trust-building; social support; and insight-based coping strategies helped men to address self-stigma. Enjoyable activities, which promoted skills, and where emotional issues were introduced with a light touch and acceptable language such as 'managing' and 'down' and 'focused' helped to build trust and generate a safe space for the coping strategies programme.

*Under what circumstances do activities lead to social connections?*

A number of circumstances enabled project activities to promote trusting social connections - helping unemployed men to feel "part of something". Firstly, practical, purposeful activities with an acceptably 'masculine' shoulder-to-shoulder element - for example the community gardens project - encouraged men to bond and develop trust, without initially having to discuss emotions in the raw context of face-to-face conversation.

"when you do it with others, it means you have to have a good close unity"

Secondly, activities requiring some mutuality and co-dependence for completion - for example the group drumming - helped men to interact socially.

"everybody's on that same mindful level, where you're playing at the right tempo and playing in the right spaces. It is fulfilling because you can actually hear the beauty of the music".

Thirdly, individual and group ownership of activities and the development of skills on achievable tasks (e.g. gardening) led to confidence and connection among men.

"it looks marvellous. If you saw that place before we did what we did then you would see the transformation"

Fourthly, the design of activities left space for calm reflection and not just 'doing'.

"every time we finish [gardening] we have a cup of tea together, we discuss what we've done that day and how we feel about that."

Fifthly, activities which provided opportunities for fun with serious fellowship were engaging.

"it wasn't so much about football, more about teamwork, getting together with people."

Finally, developing individual action plans with group accountability and support was conducive to strengthening social connections.

"it's the group that helps. You feel like part of something."

*How do activities provide access to psycho-educational resources?*

If the above conditions for engaging and bringing men together were met, shared activities provided access to psycho-educational resources by providing a route in, developing group mutual trust and dynamics, and creating a psychosocial safe space. These supported individuals to engage with the coping strategies course in the same group. Physical, shared, interesting, and purposeful activity motivated the men to persevere, whereas, without these, men would be more vulnerable to dropping back into ongoing isolation. Making connections with a wider community environment was also valued. Success also depended on how activities were structured and supported both individual and group ownership.

"We put in flowers and a raised bed; dug it up and put the plants in. I've been round to see them, they're growing. It looks marvellous. If you saw that place before we did what we did then you would see the transformation".

"I was the one who did these garden boxes because I have experience in carpentry. So that enables me to fit it into the project."

Some projects provided an integrated process across the activities and the coping strategies course. For example, in the programme which combined drumming activity with a Mindfulness course, group drumming focused on coordinating rhythmic

actions between group members to the exclusion of distracting thoughts; while the Mindfulness includes focus on specific body process and senses in the present. The drumming made the embodied Mindfulness *social*.

Drumming: “when you do it with others, it means you have to have a good close unity, everybody’s on that same mindful level... very good for mental structure if you can keep the timing”

Mindfulness: “you’re relaxing with your eyes closed, focusing on different parts of your body and how they feel. You do that and concentrate on your breathing, where you are, how you feel. And because you’re only focusing on that, it gets you into a relaxed state of mind ...”

A different integrative process involved developing individualised action plans as part of a CBT-centred group course. The group provided mutual support for reframing of issues, setting action plans, and making choices.

“The other lads have different ways of managing their problems than maybe I have. So you learn their coping strategies as well.”

All these aspects meant that practical, social and personal components within activities contributed to creating a psychosocial safe space for men discussing feelings. Within that space, the group course (CBT or Mindfulness) supported men in reframing life narratives, identities and expectations, in the context of realistic hope.

*Under what circumstances do beneficiaries have improved wellbeing and resilience?*

As the survey results show, a majority of participants experienced an increase in perceived resilience. Though not fully reported here, from the interviews with project managers, referrers, and course facilitators, necessary conditions for positive outcomes include: effective partnerships for recruitment (which may involve challenging partners e.g. around participation and benefits); flexibility to reset boundaries, for example recruitment criteria around age, postcode; embracing diversity; participatory development; individual ownership; peer-to-peer action focused talk; involving men in planning for after the course, and ensuring progression.

Three of the conditions above are intimately bound up with having an activity-based programme. Individual as well as group ownership - owning the space - was embraced through including activities with a distinct role for each participant; in multi-part drumming, in developing individual garden plots, and in developing individual action plans.

“it’s ‘so and so does this and I do that and this is where we hang out and I build that’. It’s very supportive.”

Peer to peer action-focused talk was maintained through planned activities like gardening with coordination of skills, mentoring peers, and action planning and review.

“I get involved with the group discussion and how to sort out individual problems.” “The knowledge I have gained I can pass on.”

Planning processes were important for men’s resilience, towards resisting the helplessness and isolation of unemployment and retaining control. Some men cherished addressing life challenges and mapping personal futures with group support.

“this group gives me the option to know that whatever changes I want to do, I can make myself..... this has opened up my mind...” (L2)

## **Discussion**

Mind’s resilience programme is intended to be transformational; it is expected that men will adapt to change and so not only ‘bounce back’ but ‘forward’. During the course itself, men experienced ongoing change in their circumstances. Some experienced new crises such as bereavement; others obtained part-time work, started volunteering or training, or altered their housing arrangements; some changes were at least partly attributable to the programme.

Revisiting the realist model, disruption of social environments often accompanies disruptions in men’s lives. There can be dislocation between the social environment

and individuals' (not always consciously held) thoughts, attitudes and feelings. When men, in particular, experience sudden or long-term, unplanned unemployment, they lose income and companionship (economic and social capital), lose the masculine capital attributed to the 'bread-winning' role and lose those routine structures which give shape to practical action and to anticipated futures (Adkins, 2009; Bourdieu, 2000, Robinson and Robertson, 2014). Locally, a resilience programme can therefore offer a safe environment for developing trusting relations and social capital: "de-stabilizing influences such as high unemployment... can lead to considerable dislocation of social networks. In such circumstances action to promote health might focus on support for re-establishing social networks." (WHO 1998: 19).

The pilot programme helped men to work through these life-course disruptions and to get a fresh handle on their experiences through developing positive coping strategies, and through peer support in the context of interesting and fun activities (Robertson et al. 2013). Particularly, the coping strategies course helped men to reframe their thoughts, to become reflexive about their situation and their actual and potential identities. For example, the costs attached to living by rigid gender norms could be recognized and re-envisioned. This is partly because the new social space provided them with a sense of *being part of something*, offered support, and held them accountable. Meaningful activities in healthy, salutogenic environments (community gardens) created a framework or context in which this could happen. Through group activities and action planning, men developed and deployed social capital which bolstered their confidence to pursue new resources and solve problems. Since resilience involves men adapting to change, reflection around complex life-course situations was very important for men in developing coping strategies that can support them to sustain gains after programme completion.

Challenges persist concerning initial engagement with male vulnerability and around stigma: a mental health charity brand can be off-putting to 'undiagnosed' men, in a community outreach context. Gender-sensitive, subtle rebranding or partnering with men's health organisations should be considered. Other programmes directed at men

(such as CALM; <https://www.thecalmzone.net/>) avoid reference to ‘mental health’ in their outreach, with evidence that male-sensitive language in promotion materials reduce self-stigma (Hammer and Vogel, 2010). However, it is desirable to challenge society so that men talking about emotional health as part of life’s daily experience is validated, thereby challenging stigma and potentially reframing masculinities. For many men a language of emotions can perhaps be embraced, in time, through a resilience course that focuses, practically, on life-course issues and not simply on individual minds. To support this, skilled project facilitators need gender awareness.

#### *Implications for programmes with unemployed men and for research*

The pilot resilience programme including activities was evaluated as having a transformative effect for men; involving a reframed outlook, growth in confidence, renewed motivation to engage actively in their communities, and skills and plans for coping with life. Challenges for resilience programmes can be approached by exploring the interaction between the contexts of delivery and the change model and its appeal to participants. Some context factors can be affected proactively (building early partnerships to enhance recruitment) (Mind and Mental Health Foundation, 2013), and some (interest in a particular activity offer) can be considered reflectively by reshaping projects while protecting core goals. Projects need to plan to support men to move forward independently with recourse to support.

Relatively low numbers altogether led to small numbers being recruited outside the original age range. Implications for future projects include not to set post-code and age boundaries too rigidly, and to consider diversity, given the preponderance of White British participants.

#### *Limitations*

Among the limitations of this paper, the sample size was small, the local pilots, while conforming to the resilience model, implemented it in quite divergent ways, and it was only feasible to measure short-term gains, which may have impacted on findings. Future research would introduce more controlled comparisons, not possible in the

pilot programme, e.g. comparing one-to-one therapy with group resilience programmes; comparing group programmes with a separate physical activity component with those which include action planning within a coping strategies course, and including medium-term evaluation, perhaps with Social Return on Investment (SROI) analysis.

### **Conclusions and recommendations**

Overall, the resilience pilots led to increases in men's resilience, despite unsurprising recruitment challenges. To realise its transformational potential, programme development needs to be empowerment based, men with mental health experience involved in design. There needs to be greater clarity about activities within the resilience framework. The social settings and male-friendly activities dimensions make best sense within a locally variable, more complex programme. Projects should perhaps provide (in partnership) core community based activities, while considering how individual action planning in group courses may promote resilience. A (limited) menu of locally appropriate activity choices may boost recruitment and encourage male ownership. Projects should plan sufficient delivery length to allow for structured activities as well as for the coping strategies course. This would give time for social networks to be consolidated, and for action plans to be progressed.

The preventative resilience model, developed for use with targeted at-risk groups, might beneficially be extended through rigorous targeting to other at-risk male groups, experiencing key transitions, such as older men, around retirement, bereavement, or caring; young unemployed men; working age men in precarious employment; migrants; veterans. Finally while realist evaluations need to engage formatively with programmes, to amplify participants' voice, and to obtain early indicators of potential social impacts, it is highly desirable to enhance the evidence base using comparison studies.



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